

# WATER WELL REPORT

STATE OF WASHINGTON

Start Card No.

200804

29/3E/5Q

Water Right Permit No.

(1) OWNER: Name Phil Fauth Address 4940 So Bayview Rd, LANGLEY WA 98261

(2) LOCATION OF WELL: County PULLMAN Sec 5 T. 29 N. R. 3E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address)

(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☒  
☐ DeWater ☐ Test Well ☐ Other ☐

## (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

(4) TYPE OF WORK: Owner's number of well (if more than one)  
Abandoned ☐ New well ☐ Method: Dug ☐ Bored ☐  
Deepened ☐ Cable ☒ Driven ☐  
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 15 inches.  
Drilled 132 feet. Depth of completed well 132 ft.

### (6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from 0 ft. to 122 ft.  
Welded ☒ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Liner installed ☐ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Threaded ☐ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Perforations: Yes ☐ No ☐

Type of perforator used

SIZE of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name SMITH

Type SS WELD Model No. \_\_\_\_\_

Diam. 6 Slot size 14 from 122 ft. to 132 ft.

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel packed: Yes ☐ No ☐ Size of gravel \_\_\_\_\_

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☒ No ☐ To what depth? 18 ft.

Material used in seal BEAUFORT

Did any strata contain unusable water? Yes ☐ No ☐

Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_

Method of sealing strata off \_\_\_\_\_

(7) PUMP: Manufacturer's Name \_\_\_\_\_

Type: \_\_\_\_\_ H.P. \_\_\_\_\_

(8) WATER LEVELS: Land-surface elevation 100 ft.

Static level 115 ft. below top of well Date \_\_\_\_\_

Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_

Artesian water is controlled by \_\_\_\_\_ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☐ If yes, by whom? \_\_\_\_\_

Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

" " " " " "

" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of test \_\_\_\_\_

Bailer test 20 gal./min. with 15 ft. drawdown after 2 1/2 hrs.

Airtest \_\_\_\_\_ gal./min. with stem set at \_\_\_\_\_ ft. for \_\_\_\_\_ hrs.

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_

Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☐

Work started 4/18/93, 19. Completed 5/6/93, 19.

### WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME ARNOLD'S PLUMBING & SEPTIC (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address 5489 So. Cole's Rd, LANGLEY WA 98261

(Signed) Joe Arnold License No. 0264

Contractor's Registration No. PS0996C Date 5/8/93, 19.

(USE ADDITIONAL SHEETS IF NECESSARY)